

SEP 29 2010

NPDES Permit Tracking No:
MAR05CY84UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: W T e R e c y c l i n g I n c

2. NPDES Permit Tracking No.: M A R 0 5 C Y 8 4

3. Facility Physical Address:

a. Street: 7 5 S O U T H E R N A V E

b. City: G R E E N F I E L D c. State: M A d. Zip Code: 0 1 3 0 1 - 3 9 1 3

4. Lead Inspectors Name: J C L A I B O R N E T H O R N T O N Title: C O N S U L T A N T

Additional Inspectors Name(s): E D W A R D W R I S L E Y C H A R L E S F A U L S T I C H

5. Contact Person: C H A R L E S F A U L S T I C H Title: S R E N G I N E E R

Phone: 7 8 1 - 2 7 5 - 6 4 0 0 Ext. 1 1 1 E-mail: C F A U L S T I C H @ W T E . C O M

6. Inspection Date: 0 8 / 0 9 / 2 0 1 0



B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
- ☒ YES ☐ NO
- If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☒ YES ☐ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

The PIF Trommel Area may have a major influence on the stormwater quality. A runoff sample from this area was obtained on 9/16/2010 and will be compared to the outfall and other drainage areas. Results will not be available until around October 11, 2010.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

The discharge pipe feeds a rocky swale – no evidence of erosion or scouring.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 1:

1. Brief Description:

Entire metals recycling facility

2. Are any control measures in need of maintenance or repair?

☐ YES ☒ NO

3. Have any control measures failed and require replacement?

☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area?

☒ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Benchmark exceedence

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?

☐ YES ☐ NO

3. Have any control measures failed and require replacement?

☐ YES ☐ NO

4. Are any additional/revised c necessary in this area?

☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

Brief Description:

2. Are any control measures in need of maintenance or repair?

☐ YES ☐ NO

3. Have any control measures failed and require replacement?

☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area?

☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 1 of 1 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report, or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☒ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Benchmark exceedance

5. Date problem identified: 07/02/2010

6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☒ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

See attached Quarterly Stormwater Benchmark Monitoring Report

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 07/17/2009

10. Date corrective action completed: / / or expected to be completed: / /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

Bin covers will be added over time. A covered bin for PIF is scheduled for construction in late 2010. A Hydrokleen catch basin insert was installed in May 2010 and upstream/downstream samples were obtained on 9/16/2010 in order to evaluate this insert.

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E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative
Printed Name:

C h a r l i e s F a u l s t i c h

Title: S r . E n g i n e e r

Signature:

Charles Faulstich

Date Signed:

9 / 20 / 2010

Stormwater Benchark Monitoring Report for 6/9/2010 Stormwater Sample wTe Recycling, Inc.

The MSGP requires a corrective action report (1) if the average of four quarterly sampling results exceeds an applicable benchmark, or (2) if fewer than four benchmark samples have been taken and the results are such that an exceedence of the four quarter average is mathematically certain. The corrective action report consists of documenting the discovery within 24 hours of making the discovery, and documenting the corrective action taken or to be taken within 14 days of making the discovery.

Sample Date: June 9, 2010

Sample Analysis Received: Submitted by EAI on June 23, 2010, received by CNF July 2, 2010

Documentation of Discovery of Conditions Requiring a Corrective Action Report: July 2, 2010

Documentation of Response to Discovery: July 2, 2010

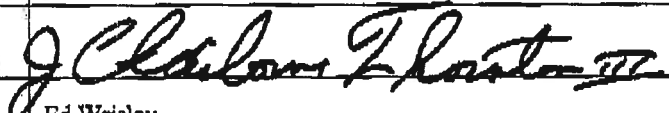
Sample Anaylsis Results Electronically Submitted to EPA: July 2, 2010

Documentation of Discovery

1. The stormwater analysis results for the samples taken on June 10, 2010 were faxed to wTe Corporation by EAI Analytical Labs on June 23, 2010. They were not reviewed by wTe Corporation until July 2, 2010 (engineer out of office).
2. The results exceeded the benchmarks for all parameters except TSS and Aluminum.
3. This was identified on July 2, 2010.

Response to Discovery

1. Corrective action taken or to be taken -
 - a. Evaluate the effectiveness of the Hydrokleen catch basin insert.
 - b. Install a cover over the storage area between the covered bunkers and the PIF Trommel Building. The engineering design has been completed. Waiting for construction drawings.
 - c. wTe engineering is considering other long term structural BMPs.
2. Date corrective action initiated –
 - a. Stormwater runoff samples will be collected at the next appropriate storm event. Both pre and post filter samples will be obtained for analysis.
 - b. This corrective action was initiated earlier in 2010.
 - c. Investigation was initiated in June, 2010.
3. Date corrective action completed or expected to be completed –
 - a. Within three weeks after sampling.
 - b. January 1, 2011
 - c. Cannot estimate this at this time.

STORM WATER POLLUTION PREVENTION PLAN			
ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION			
<p>Instructions: The comprehensive site compliance evaluation is required to inspect and assess the effectiveness of the SWPPP.</p> <ol style="list-style-type: none"> 1. This inspection must be conducted annually by one or more qualified employees or designated representatives that are knowledgeable of the Facility's industrial activity and SWPPP requirements. 2. Inspect the facility using the Quarterly Inspection Checklist, particularly focusing on the exposed materials, structural controls, BMPs, housekeeping, spill prevention, and the area immediately downstream of the Facility's outfall(s). 3. Thoroughly review all records required as part of the Permit and SWPPP. 4. Complete this report and attach a narrative discussion of the compliance with the SWPPP. 5. Provide remedy for any SWPPP non-compliance discovered and update the SWPPP as required. 6. Keep the report with the SWPPP. 			
Part 1 — General Information			
Facility:	wTe Recycling		
Site Compliance Evaluation Date:	08/09/10	Site Inspection Date:	08/09/10
Inspector Name(s) and Title:	J. Claiborne Thornton III, P. E.		
Inspector Signature:			
Facility Representative:	Ed Wrisley		
Part 2 — Site Inspection Evaluation			
Assessment of Areas Contributing to a Storm Water Discharge			
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Were all areas of exposed materials evaluated?		
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Is the SWPPP inventory of exposed materials current?		
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Is there evidence of pollutants entering the drainage system that may cause non-compliance with the SWPPP? SW Analysis		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are there prohibited materials or unpermitted non storm water discharges?		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are there any instances of noncompliance with the SWPPP related to exposed materials?		

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Date: 08/09/10

Part 2 — Site Inspection Evaluation	
Assessment of Structural Controls	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were all structural controls inspected?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are structural controls used at the facility effective?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are they properly maintained?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are new or improvements required to structural control?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are there any instances of noncompliance with the SWPPP related to structural controls?
Assessment of Non-Structural Controls	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were all non-structural controls evaluated?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are non-structural BMPs used at the Facility being implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are good housekeeping measures being implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are spill prevention measures being implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are the non-structural controls effective? (If NO, indicated which _____)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are there any instances of noncompliance with the SWPPP related to non-structural controls?
Assessment of Downstream Areas	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were all areas downstream of facility outfalls that are reasonably accessible inspected?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are erosion and sediment controls for the facility protecting downstream watersheds?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Is there evidence of pollutants leaving the site that may cause non-compliance with the SWPPP? Only the SW analysis

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Part 2 — Site Inspection Evaluation	
Assessment of SWPPP Records	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required modifications from the previous Annual Comprehensive Site Evaluation implemented?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the Quarterly Inspections completed for the last year?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the Quarterly Visual Monitoring events completed for the last year?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required Benchmark analytical monitoring events completed for the past year?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required numeric limitation monitoring events for the past year completed?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Were the required actions taken based the sampling results?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are all monitoring and inspection reports included with the SWPPP (at least 3 years)?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the Spill Log up to date, accurate, and complete?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Are training records complete and up to date?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the non-storm water discharge inspection complete and accurate?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the SWPPP Certification signed by the appropriate company official?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Is the SWPPP Team roster correct and up to date?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Do any records show the Facility is non-compliant with the SWPPP or Permit requirements?

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Date: 08/09/10

Part 3 — SWPPP Revision	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Do any elements of the SWPPP required modification to improve effectiveness?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Are there any additional elements (e.g., structural modifications or BMPs) that should be added or modified for pollution prevention?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the site map need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the inventory of exposed materials need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the description of good housekeeping measures need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the description of structural controls need to be updated?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	Does the description of non-structural controls need to be updated?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Does any other element of the plan found to be inaccurate or need modification?
<u>Element of SWPPP to be modified</u>	<u>Date Complete (30 days allowed)</u>
Multiple changes to the SW system have been put into effect. The analytical results remain elevated.	
In order to better identify the source of the problem, samples will be collected up stream of the discharge	
attempting to isolate the problem area. In addition, the area under roof is being increased covering more	
material that is under suspicion.	

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Part 4 — Compliance Evaluation Results		
Incidents of Noncompliance		
Incident	Necessary Action	Date To Complete*
Elevated sw analysis results	ID Source; Cover suspect material	
<p>*All noncompliance must be remedied within 12 weeks unless extension is granted.</p>		
<p>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."</p>		
Signed:		
Print Name:		
Title:		
Date:		
<input type="checkbox"/>	This Annual Comprehensive Site Evaluation has determined that this facility is in compliance with the SWPPP.	



Corporate Headquarters
7 Alfred Circle
Bedford, Massachusetts 01730-2349
(781) 275-6400
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September 20, 2010

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, ATTN: MSGP Reports
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

Subject: Annual Report, NPDES Permit Tracking No: MAR05CY84

Dear Sir or Madam:

Enclosed is wTe Recycling, Inc.'s Year Two Annual Report as required by the Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity from Scrap Recycling and Waste Recycling Facilities.

In addition to the completed report form from Appendix I of the Permit, I have included the 2010 Annual Comprehensive Site Compliance Evaluation forms completed by our consultant J. Claiborne Thornton III, P.E. of W. Z. Baumgartner and Associates, and one Stormwater Benchmark Monitoring Report produced after the June, 2010 stormwater sampling activity.

Sincerely,

A handwritten signature in black ink, which appears to read 'Charles N. Faulstich'. The signature is fluid and cursive.

Charles N. Faulstich
wTe Corporation

attachments



RECYCLED PAPER